

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILED DATE				
						APPLICANT(S)	10/049827				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1						51					
2						52					
3						53					
4						54					
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41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL						TOTAL					
IND.						IND.					
DEP.						DEP.					
TOTAL						TOTAL					
CLAIMS						CLAIMS					

11250 (2-75)

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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